

Malpractice Premium Comparison Survey Form
FORM MMPCS - last modified August, 2005

USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE BLANK

NAIC Number: 33391
 Company Name: The Medical Assurance Company, Inc.
 Contact Person: LaQuita Goodwin
 Telephone No.: (205)802-4426
 Email Address: Lgoodwin@proassurance.com
 Effective Date: 4/1/2006

Submit to: Arkansas Insurance Department
 1200 West Third Street
 Little Rock, AR 72201-1904
Telephone: 501-371-2800
 Email as an attachment to insurance.pnc@arkansas.gov
 You may also attach to a SERFF filing or submit on a cdr disk

Physicians

Base Rate	Hospital	Clinic	Private
At 500,000/1,000,000	\$ 9325	\$ 9325	\$ 9325
Discounts and Surcharges			
Emergency Room	0 %	0 %	0 %
Surgery	0 %	0 %	0 %
Delivery	0 %	0 %	0 %
Claims Free	-3 to -20 %	-3 to -20 %	-3 to -20 %
Over 5 years Experience	0 %	0 %	0 %
Other: Risk Manage, New Doctor, Sched Rating	-40 to 25 %	-40 to 25 %	-40 to 25 %

Dental

Base Rate	Dentist	Orthodontist	Oral Surgeons
At 100,000/300,000	\$ 1759	\$ 1759	\$ 8300
Discounts and Surcharges			
Claims Free	-3 to -20 %	-3 to -20 %	-3 to -20 %
5 years Experience	0 %	0 %	0 %
Surgery	0 %	0 %	0 %
Other: Risk Manage, New Dr, Sched Rating	-40 to 25 %	-40 to 25 %	-40 to 25 %